2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024074

1. Entity Name

SIGNATURE:

INTERMED BIOMEDICAL SERVICES, INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

Daytime Phone #

03-17-2003 90073 028 ***150.00

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Principal Pla 13351 PROG ALACHUA FI US	_	s	1335	ng Address I PROGRESS BLVD CHUA FL 32615				1 1881 1881 (JE 18119 BINIY BBAYA 2021) BOYA GOYA	1 ((8)) Alžii As	111 (68 1) 8 181 (89)
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IS MANUSING	COLLANGE	-0	
City & State		City	City & State			CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For				
Zip		Country	Zip		Cour	ntry		59-3367958		Not Applicable
-	*			The second of the second			5. (Certificate of Status Desired	\$8.75 A Fee Requi	idditional
	6. Name	and Address of Currer	nt Register	ed Agent			7. 1	Name and Address of New Registered		
RAUFRI F	DAVID C					Name				
Bauerle, David C 3521 S.W. 42ND Ave., Ste. B						Street Address (P.O. B	lox Number is Not Acceptable)		
GAINESV	ILLE FL 326	08								· ·
	-	•				City		FL	Zip Co	
The above the obligation	named entity tions of registe	submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or register	ed ag	ent, or both, in the State of Florida. I am	familiar with	n, and accept
SIGNATURE										
		or printed name of registered age	nt and title if app	olicable. (NOTE	E: Registere	d Agent signature required	when re	instating) DATE	-	
		EEE 10 61=0 00								
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department) of State					Election Campaign Financing Trust Fund Contribution.	\$5. D Adde	00 May Be ed to Fees
Afte	r May 1, 200	3 Fee will be \$550.00	of State	RS	11.		AD	Trust Fund Contribution.	J Add∈	ed to Fees
Afte Make Check 10.	r May 1, 200 k Payable to	3 Fee will be \$550.00 Florida Department OFFICERS AN	of State	RS Delete	TITLE	ı	AD		J Add∈	RS IN 11
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Afte Make Check 10. TITLE NAME STREET ADDRESS	P STAAB, RII 10924 NW GAINESVIL V BAUERLE, 4815 SW 4	3 Fee will be \$550.00 Florida Department OFFICERS AND CK 38TH AVE LE FL DAVID C 4TH ST	of State		TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS ST-ZIP	AD	Trust Fund Contribution.	J Add	RS IN 11
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